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of hæmaturic fever in the hospital at Daiquiri, Province of Santiago, and that none were fatal in January, 1 in February, none in March, 1 in April, none in June, 3 in July. Since then there has been only 1 death. Habana Health Report for August will show 472 deaths as compared with 533 in 1902.

NOTE.—Blackwater fever was reported, July 30, as prevalent in Costa Rica. (See Public Health Reports, Aug. 14, 1903, p. 1351.)

Severe forms of malarial disease in Daiquiri.

[Cablegram.]

HABANA, CUBA.

(Received in Washington September 8, 1903.)

WYMAN, *Washington*:

Guiteras reports no yellow fever nor epidemic disease, Daiquiri nor Santiago. Daiquiri has severe malaria; 38 black water since January, 6 fatal. August only two. Both cured.

FINLAY.

Hematuria or hemoglobinuric fever (malaria).

The following is received from Acting Assistant Surgeon Wilson at Santiago, under date of September 5:

This fever attacks persons who have suffered from several attacks of intermittent malarial fever.

Symptoms.—It commences with very heavy chills, which last from fifteen to twenty minutes, high fever of 40°, urine colored with hemoglobin, then changing to the color of black blood. In many cases the first symptom is the hematuria, pain in all the joints, anxiety. At the end of six hours, or before in some cases, the patient begins vomiting, at first slightly bilious, later, at the end of twelve hours, changing to the color of apiol. The vomiting becomes very difficult to control, persisting, in very serious cases, for four days after the cessation of the fever.

About six hours from the commencement of the attack the patient begins to assume a yellow color, more or less pronounced, in proportion to the gravity of the attack, always, however, being more pronounced than that of the yellow fever.

The urine presents a great quantity of hemoglobin and when treated with heat and nitric acid precipitates a large quantity of albumin.

The breathing becomes very labored, affecting all the thoracic and abdominal muscles. The hiccup is very frequent.

The pulse is low, not in proportion to the temperature. The spleen grows one-third larger than its usual size; the liver becomes painful to pressure; complete stoppage of the urine in fatal cases.

Cases that are not treated during the first twelve hours are always fatal.

A microscopic analysis of the blood reveals the micro-organisms of malaria.

Case No. 1.—A. F.; native of Spain; age 33 years; white; single. Entered the hospital on the 6th of July, 1903. Temperature 41°, pulse 160, respiration 46, albumin in the urine when treated with heat and nitric acid, presenting a large quantity of hemoglobin, showing a dark red color and leaving a large quantity of sediment in the stool; bilious;

vomiting; apiol color; unable to retain anything on stomach; stoppage of the urine; great enlargement of the spleen; liver enlarged and very painful to pressure.

Antecedents: Has been suffering frequent attacks of malaria, which he treated with *Vino Tónico de Wintersmith*. On the 4th he noticed that his urine presented a reddish color, which he believed to be bile. On the 5th had another attack of fever, with increased coloration of the urine. He then took a double dose of the *Vino Tónico*. The actions of the bowels turned yellow. Early on the morning of the 6th had a severe chill, which lasted twenty minutes; severe headache; giddiness; vomiting, green in color; urine of a dark red color, almost black, the entire body turning a yellowish green. Entered hospital at 9 a. m.

Administered 150 centigrams of chlorhydrosulphate of quinine hypodermically; dose of Rivari's antiemetic; one drop of Fowler's solution every two hours. Temperature remained at 40° all day. At 10 p. m. administered 1 gram of quinine in the same manner, the temperature descending to 38°. On the morning of the 7th, temperature 36.8°; administered a third dose of chlorhydrosulphate of quinine, 1 gram, hypodermically; the vomiting increasing. At 11 a. m. had another chill; temperature 41°, pulse 160, respiration 38. At 12 m. the patient died.

Case No. 2.—Native of Spain; 24 years of age; white; single.

Antecedents: Has suffered frequent attacks of malaria. On the 5th had a feeling of great depression; at 7 a. m. had a very heavy chill; noticed that urine presented a reddish color. Entered hospital; temperature, 40°; pulse, 140; respiration, 26; no vomiting; liver torpid; spleen enlarged.

Administered 1 gram of chlorhydrosulphate of quinine hypodermically, temperature remaining the same throughout the day. At 2 p. m. temperature descended to 38°, remaining thus until 11 p. m. On the morning of the 6th temperature 36.4°; the entire body turned very yellow, as also the stools; urine presented no hemoglobin, but large amount of bile. Administered a purgative, two hours afterwards 150 centigrams of sulphate of quinine internally. At 2 p. m. temperature rose to 38°; urine normal. On the morning of the 7th temperature 36.8°; administered 1 gram of quinine. Had a good appetite, and continued improving until the 10th, when discharged cured.

This class of fever is becoming more frequent, affecting the natives as well as those from foreign countries. Have never seen it attack strong persons or those who have not had malaria previously.

Order relative to treatment of passengers coming from ports infected with yellow fever.

Assistant Surgeon Trotter, at Habana, forwards the following under date of September 2, 1903:

[Translation.]

Republic of Cuba—Department of Government—Superior sanitary board.

Notice to passengers.

To the end that the existing sanitary regulations relative to certificates of immunity to yellow fever may not, for any motive whatever, be violated through deceit or fraud, the superior sanitary board of the island of Cuba have decided to issue the